

1. Name, Surname / Company Name: <i>Please indicate the ID or VAT number</i>	
Address: Zip Code and Town:	Phone: E-mail:
Contact Person in Charge of the Project:	
Address: Zip Code and Town:	Phone: E-mail:

Please list all dba's (doing business as) and brand names:

2. Prior Certification Information and Conventional Production

Do you produce conventional products or organic products under regulations other than you apply for in this application on your farm? Yes No
 If yes, please indicate the approximate percentage for each category:
 Conventional: NOP: GC/EU: Other:

<p>Has the operation ever applied for organic certification according to NOP or GC, equivalent EU 834/2007, 889/2008 AND 1235/2008? YES <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide the following: ■ Name(s) of Certifying Agent(s):</p>	<ul style="list-style-type: none"> ■ According to which norm: ■ Year(s) of Application: ■ Outcome of submission, including, if appropriate, copies of any notifications of noncompliance or denial of certification <p>Please provide a description and evidence (copies of letters from the certification agent etc.) of all corrective measures implemented.</p>
--	---

3. Scope of Certification

CERTIFICATION ACCORDING TO WHICH STANDARD IS REQUESTED:

GC, EQUIVALENT EU-REGULATION 834/2007, 889/2008 AND 1235/2008 <input type="checkbox"/>	USDA NOP FINAL RULE <input type="checkbox"/>	ONLY NATIONAL <input type="checkbox"/>
---	---	---

4. Products for Certification

4.1 Please list all plant products (feed and other) to be produced in the farm. Be as specific as possible.

Agricultural Product (crop) name and pastures (wild or managed vegetation)	Field size (ha) and number of plots	Expected amount of product (crop, feed) per year
1.		
2.		
3.		
4.		
5.		

4.2 Please list all livestock species and products to be certified. Be as specific as possible.

Livestock species and breed name (e.g.: cows, pigs, hens, bees, other)	Number of animals (e.g.: cows, pigs, hens, hives, other)	Expected amount of product to be certified. (e.g.: meat, pork, milk, egg, honey, other)

1.		
2.		
3.		
4.		
5.		

5. Information about the Certification Project

5.1 Next International Airport and estimated time (or distance) to reach the farm:	5.2 Location of the Project (region, city, village, additional helpful information)
5.3 Short Project Description (e.g., single farm, smallholder cooperative etc.)	5.4 Size of the Farm Unit(s)
5.5 Size of the Whole Farm	5.6 Accessibility and distances and travel times between individual facilities
5.7 Export Unit Address (if different from main facility)	

I, the applicant for the above mentioned facility (facilities), declare to be legally entitled to request certification for production of organic products according to the USDA NOP Final Rule and/or EEC 834/2007, 889/2008, 1235/2008 regulations.

Name and Signature of Operator

Title (position)

Date

For certification use only (applicants to not interfere part below)

Review traceability recording

For transitioning from other CB:

Please describe the reason for changing the CB, if any:

NCs from pervious CB obtained **via Applicant** **via CB** **, at which date:**

Communication with CB was possible to establish **, at which date:**

Standard and scope requested is in line with CB competence **Yes** **No** **comments**

<p>Is there any conflict of interest with applicant detected by CB, which makes impossible acceptance of application <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Any comment:</p>
--

<p>Additional checks, add dates and identify checks:</p>

<p>Review staff personnel and date <i>(fill in to the right as many times as review was conducted):</i></p>	
--	--

<p>Decision on application if negative or conditional <i>(to the right) and add date.</i></p>	<p>Date:</p> <p>Denial <input type="checkbox"/></p> <p>Reason:</p>
--	---

<p>Application accepted by Caucascert Ltd</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Accepted conditional <input type="checkbox"/> Additional information <input type="checkbox"/> Additional actions from applicant <input type="checkbox"/> corrective actions from applicant</p> <p>Due date for conditional (see above):</p>
--	---

<p>_____</p> <p>Name and Signature</p>	<p>_____</p> <p>Name and Title</p>	<p>_____</p> <p>Date</p>
---	---	---------------------------------